

# Children's Cabinet

## July 30, 2020

# Agenda

- Welcome and Introductions (5 min)
- Update on Child Care Re-opening and Relief (10 min)
- Update on Pediatric Care and Relief (15 min)
- Update on K-12 Re-opening (15 min)
- Public Comment (15 min)



# RI Department of Human Services

---

Office of Child Care, COVID-19 Response & Recovery

July 30, 2020

**RHODE  
ISLAND**

# PDTA Supports & Utilization for Child Care Reopening

**674** providers participated in the virtual DHS Child Care Reopening Webinar

	# of Providers
English Session Participation (2)	473
Spanish Session Participation (2)	201
Total	674

**3,784** educators and child care staff participated in the DHS Child Care Reopening Webinar & completed the Enhanced Health & Safety Webinar (receiving PD hours)

	# of Staff
English Sessions Participation	3,094
Spanish Sessions Participation	690
Total	3,784

**499** providers participated in large group TA sessions to support their development of a COVID-19 Control Plan

	# of Providers
English Sessions (6)	276
Spanish Sessions (10)	223
Total	499

# Child Care Capacity (7/22)

	Family Child Care		Center-Based Child Care		Total	
Pre-COVID # of Providers	462		430		892	
COVID-19 Plans Approved by DHS*	388	84%	291	68%	679	76%

## Center-Based Child Care Slots:

	Infant	Toddler	Preschool	School Age
Pre-COVID Capacity	2,125	3,687	9,669	6,753
COVID Capacity	1,917	3,265	8,099	3,748
Delta	208	422	1,570	3,005

## Family Child Care Slots:

	Family Child Care (Infant-13YO)
Pre-COVID Capacity	2,510
COVID Capacity	2,471
Delta	39

# Summer Camp Application Status

As of 7/27/2020

## Applications Received by Status

Status	Count
Approved	151
Denied	0
Duplicate	20
In Review Process	0
Request for Revisions	0
Withdrawn	1
<b>TOTAL</b>	<b>172</b>



## Approved Applications by Location and Capacity

Camp Location	Location Count	Total Number of Children Served (Capacity)			
		Elementary (K-5th grade)	Middle (6th-8th grade)	High (9th-12th grade)	TOTAL
Barrington, Bristol, & Warren	12	903	637	212	<b>1752</b>
Central Falls	4	480	240	240	<b>960</b>
Charlestown & Westerly	2	79	43	13	<b>135</b>
Coventry, East Greenwich, & West Greenwich	10	1347	340	83	<b>1770</b>
Cranston	9	583	255	143	<b>981</b>
Cumberland & Lincoln	9	430	131	0	<b>561</b>
East Providence	7	320	191	78	<b>589</b>
Glocester & Scituate	4	302	164	52	<b>518</b>
Jamestown	4	412	251	50	<b>713</b>
Little Compton & Tiverton	3	103	93	43	<b>239</b>
Middletown & Portsmouth	8	270	325	160	<b>755</b>
Narragansett, North Kingstown, & South Kingstown	28	2208	1132	531	<b>3871</b>
Newport	11	724	549	323	<b>1596</b>
North Smithfield & Woonsocket	8	365	195	193	<b>753</b>
Pawtucket	8	453	239	126	<b>818</b>
Providence	16	1040	639	583	<b>2262</b>
Warwick	8	372	327	350	<b>1049</b>
<b>Total</b>	<b>151</b>	<b>10391</b>	<b>5751</b>	<b>3180</b>	<b>19322</b>

# Child Care Provider Relief Fund

*Cost and Scope: \$5,000,000 serving between 33-500 providers*

---

Capital improvement grants will support child care providers in securing equipment, materials, and/or supplies to make modifications to a facility with the intent of meeting the enhanced health and safety child care licensing regulations.

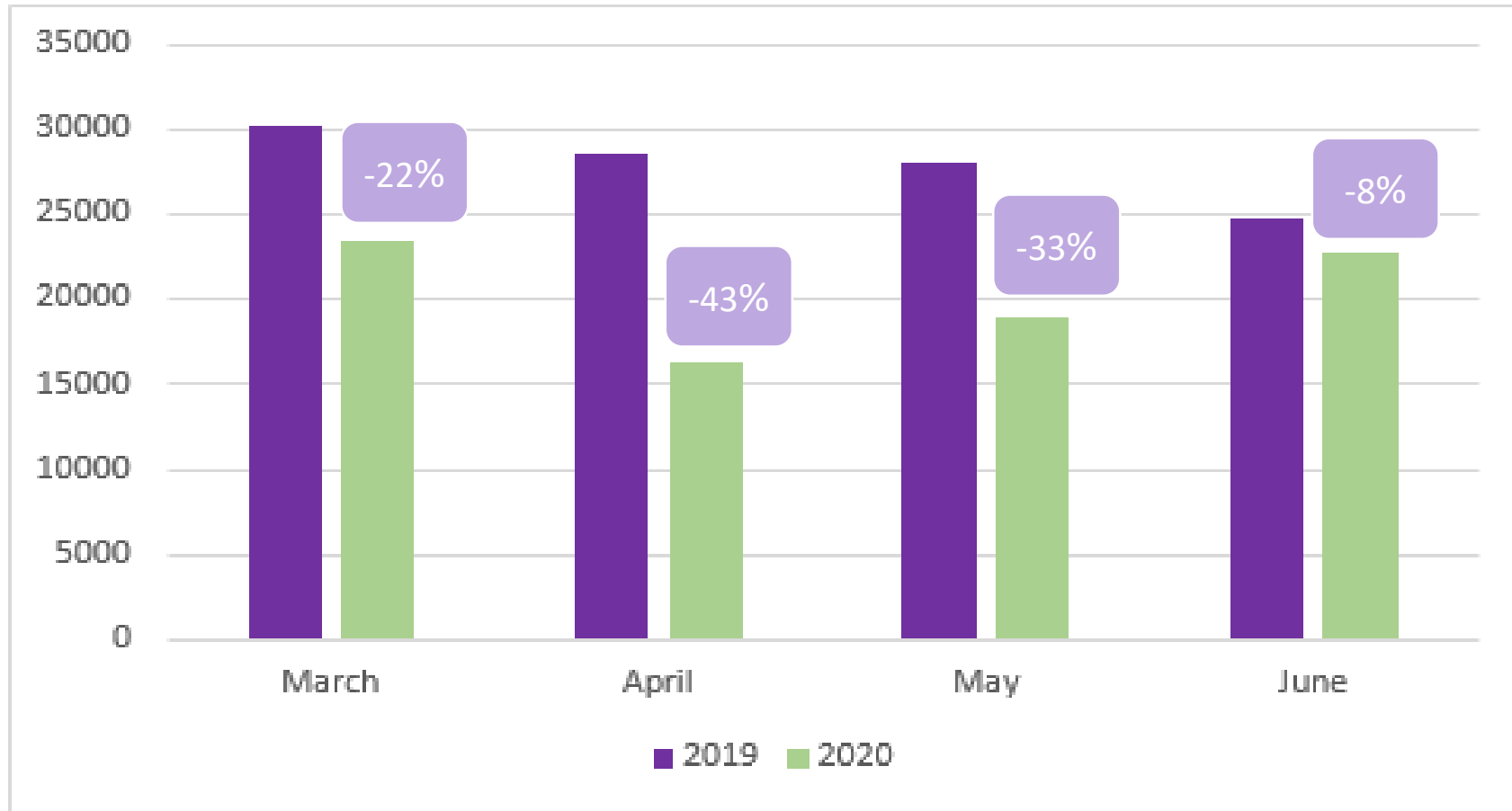
**Family Child Care Set Aside:** This pot of funding would set aside \$50,000 for family child care providers. Family child care providers could apply for grants up to \$2,000 each.

*Scope:* 25 family child care providers

**Examples of potential uses for these funds include:**

- Protective barriers to reduce airborne transmission (ie: sneeze guards/partition shields)
- Improved indoor air quality (ie: improvements to HVAC systems, replacement/addition of window to increase natural ventilation and air flow)
- Increased handwashing (ie: outdoor sink, additional indoor sinks, portable sinks etc.)
- Expanding and/or reconfiguring space (ie: equipment, materials and furnishings needed to expand space in accordance with new group-size limits and reduce the risk of cross-contamination due to shared equipment.)
- Cleaning & sanitization supplies in adherence with CDC guidelines
- Offset occupancy costs incurred as a result of closure and reduced revenues; includes: rent/mortgage, insurance, utilities

# Decline in Doses of Vaccine Administered to Children, 2019 to 2020

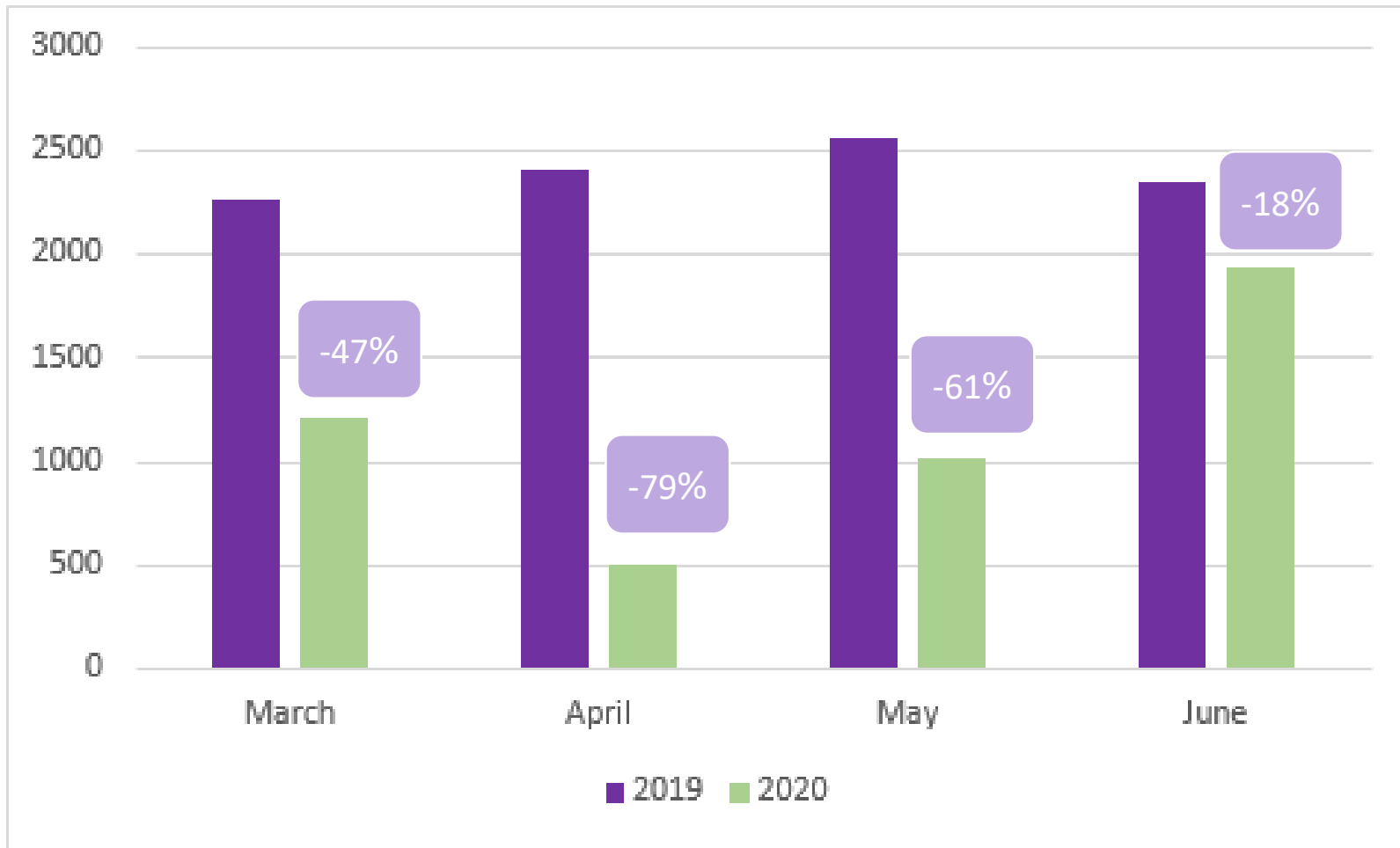


Data Source: RIDOH, Center for Health Data and Analysis, KIDSNET

- Overall 27% (about 30,000) fewer doses were administered March – June 2020 compared to 2019
- The 8% decline in June may be an indication vaccination is returning to near pre-pandemic levels
- There is a window of time when children can get each vaccine dose, so this decline does not mean all of those children are "under-immunized"
- Declines are greater among older children, children with public insurance, Hispanic ethnicity, and Black race



# Decline in Lead Screening, 2019 to 2020



- Overall 51% (about 4,900) fewer children were screened March – June 2020 compared to 2019
- At least 2 prior lead screens is a Kindergarten entry requirement
- Undetected exposure to lead will continue to have irreversible impacts on the brain until the source is removed and blood lead levels are brought down

Data Source: RIDOH, Center for Health Data and Analysis, KIDSNET

# Preventive Healthcare Measures Post COVID

Run Date	# children in K range	# children meeting K immunization requirements	% in K range meeting K requirement	# in K range with 2 MMR	% in K range with 2 MMR	# children in 7th grade DOB range	# meeting 7th grade immunization requirements	% meeting 7th grade immunization requirement	# children 12-24 mo on 12/31/19	# with at least one lead screen	% with at least one lead screen
7/15/2020	11892	8729	73.40%	9492	79.82%	12996	6375	49.05%	10903	7988	73.26%

Source: RIDOH, Center for Health Data and Analysis, KIDSNET

- Kindergarten measure: % of children eligible to enter K on 8/31/2020 meeting K immunization requirements, DOBs: 9/1/2014 – 8/31/2015
- MMR measure: % of children eligible to enter K on 8/31/2020 having two doses of MMR immunization, DOBs: 9/1/2014 – 8/31/2015
- Seventh grade measure: % of children likely to enter 7<sup>th</sup> grade on 8/31/2020 meeting 7<sup>th</sup> grade immunization requirements, DOBs: 9/1/2007 – 8/31/2008
- Lead Screening measure: % of children between 12 months and 24 months of age as of December 31, 2019 with at least one lead screen, DOBs: 1/1/2018 - 12/31/2018

- Follow selected age cohorts to track progress
- Update 2x per month (1st and 15th)
- Compare to similar cohorts in 2019
- Data provided at the primary care practice level

# State Efforts to "Catch up"

- Pediatric Relief Program
- Care Transformation Collaborative
- Managed Care Organizations
- RIDOH
  - KIDSNET provides monthly reports and bi-weekly cohort data
  - KIDSNET and Immunization team are supporting primary care practices in coordination with CTC-RI to assist practices in running coverage rate reports using KIDSNET and assisting with QI activities and strategies
  - Assists practices interested in performing in-house lead screen fingersticks
    - Free supplies from the State Lab
    - Educational video



# School Reopening Updates

Children's Cabinet - July 30, 2020



**RIDE** Rhode Island  
Department  
of Education

**RHODE  
ISLAND**

# Roadmap to School Reopening



## Review LEA Plans

*Current - July 31, 2020*

Once RIDE provides feedback, Local Education Agencies (LEAs) will post their official reopening plans on their website by July 31.



## Preparing to Reopen

*August 1 – August 17, 2020*

LEAs begin planning for the implementation of their reopening plans.

RIDE continues to provide direct support to LEAs and ongoing guidance about reopening plans, informed by public health data in collaboration with RIDOH.



## School Opening & Beyond

*August 17 – August 31, 2020*

RIDOH determines opening scenario on August 17.

School begins on August 31.

LEAs continue to execute and adjust their plans, with ongoing support and feedback from RIDE.



# How will RI reopen schools? Potential scenarios

COVID-19 Community Spread

Substantial

Moderate to Minimum

Minimum to None

## Full Distance Learning for All

- Circumstances require schools to remain closed to in-person instruction
- All programming resumes via distance learning until further notice

## Limited In-person Learning

- General population resumes distance learning from home to prioritize in-person for some elementary OR transition grades
- Prioritize in-person re-entry for vulnerable subpopulations as well

## Partial In-person Learning

- Elementary and transition grades re-enter in-person (staggered entry preferred)
- Prioritize in-person re-entry for vulnerable subpopulations also
- Remaining groups begin with distance learning

## Full in-person for All

- Schools resume 100% in-person operations, with some social distancing protocols still required based on current health information
- Distance learning is integrated with in-person programs & utilized as necessary

*Communications are frequent and ongoing at all levels. Health & safety information drive decision making. Every district should have a plan for instruction via distance learning for students who are sick, quarantined, or not able to return to in-person learning.*



# SCHOOL REOPENING READINESS

These benchmarks will help us determine whether it's safe to fully reopen our schools.

01

## STATEWIDE READINESS

-Does the state-level data indicate we should be in Phase 3 or higher?

02

## MUNICIPAL READINESS

-Do municipal-level case prevalence rates indicate it's safe to fully reopen?

03

## TESTING READINESS

-Do we have the ability to test all symptomatic staff and students and on average get results within 48-72 hours?

04

## SUPPLY READINESS

-Does every school have more than sufficient cleaning supplies, soap/hand sanitizer, and face masks?

05

## OPERATIONAL READINESS

-Does every district have a plan that has been vetted by RIDE/RIDOH?

-Does every plan include necessary health precautions (i.e. mask requirement, social distancing, stable pods, safe transportation, facility readiness, accommodations for staff/students with underlying health conditions)?

-Does every school have a point-person to work with RIDE and RIDOH on testing and contact tracing?

-Does every school have health screening protocols in place?

-Does every school have a plan to support staff and students if they become ill?



# Reopening Communications and Engagement

As RIDE and school systems begin the hard work of reopening schools, RIDE is immediately focusing on the following key components of a statewide communications strategy.

01

## Unified statewide school calendar for the 2020-21 school year

With monthly updates based on changing health information

02

## Supporting LEAs

Helping LEAs in communicating to their school communities and incorporating their feedback into final plans

03

## Back to School RI Outreach

Hosting events for communities and launched [www.back2schoolri.com](http://www.back2schoolri.com) with resources for students and families

04

## Communities Matter

Focusing all reopening decisions on a safe reopening guided by public health and safety and a priority on education outcomes

05

## Comprehensive Stakeholder Engagement

Regular meetings with representatives from across RI's PK-12 education landscape

06

## Equity Talks

Facilitating a series of forums for discussions on social justice and racial issues across the state





# Public Comment